



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 10/715,744
Applicant: Gota ASANO
Filed: November 18, 2003
Title: ALKALINE STORAGE BATTERY AND METHOD
TC/A.U.: 1745
Examiner: Tracy Mae Dove
Confirmation No.: 5520
Docket No.: MAT-8484US

STATUS REQUEST

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The status of the above-identified application is respectfully requested.

A Notice of Recordation of Assignment Document was received on September 27, 2004, and no further action has been received.

Kindly advise the undersigned of the present status of the above-identified application.

Respectfully submitted,


Lawrence E. Ashery, Reg. No. 34,515
Attorney for Applicant

LEA/ds

Dated: April 27, 2006

P.O. Box 980
Valley Forge, PA 19482
(610) 407-0700

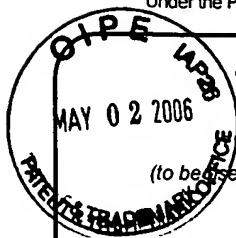
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April 27, 2006

Deborah Spratt





TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 2

Application Number	10/715,744
Filing Date	November 18, 2003
First Named Inventor	Gota Asano
Art Unit	1745
Examiner Name	Tracy Mae Dove
Attorney Docket No.	MAT-8484US

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached

<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/Declaration(s)

<input type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input type="checkbox"/> Information Disclosure Statement

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<input type="checkbox"/> Response to Missing Parts/
Incomplete Application
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under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation,
Change of Correspondence
Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) ____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication
to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
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<input checked="" type="checkbox"/> Other Enclosure(s) (please
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Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Lawrence E. Ashery		
Date	April 27, 2006	Registration No.	34,515

CERTIFICATE OF TRANSMISSION / MAILING

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Typed or Printed Name	Deborah Spratt	Date	April 27, 2006

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